



OFFICE OF THE DU PAGE COUNTY AUDITOR

AUDIT HOTLINE

CYBER COMPLAINT FORM



DATE

NAME

EMAIL

ADDRESS

PHONE NUMBER

CITY STATE ZIP

PLEASE CHECK THE BOX WHICH BEST DESCRIBES YOUR RELATIONSHIP WITH DU PAGE COUNTY:

- COUNTY RESIDENT
- COUNTY EMPLOYEE
- COUNTY ELECTED OFFICIAL
- COUNTY VENDOR
- COUNTY VOLUNTEER
- OTHER, PLEASE DESCRIBE:

***PLEASE DESCRIBE THE INCIDENT YOU ARE REPORTING:
(WHO, WHAT, WHERE, WHEN, WHY & HOW)**

Required Field

PLEASE CHECK ALL RELEVANT BOXES THAT DESCRIBE THE INCIDENT YOU ARE REPORTING:

- THEFT OF CASH OR COUNTY ASSETS
- ABUSE OR PERSONAL USE OF COUNTY RESOURCES
- FICTITIOUS SUPPLIERS/FALSE INVOICING
- KICKBACKS
- UNDER OR OVER BILLING
- PAYROLL FRAUD
- PROCUREMENT FRAUD/BID RIGGING
- FALSIFICATION OF RECORDS
- INSURANCE CLAIM FRAUD
- USING ONE'S POSITION TO GAIN PERSONAL ADVANTAGE
- EXPENSE CLAIM FRAUD
- OTHER, PLEASE DESCRIBE:

HAVE YOU PREVIOUSLY REPORTED THIS INCIDENT TO THE HOTLINE OR ELSEWHERE?

CAN YOU PROVIDE SPECIFIC DOCUMENTATION TO SUPPORT THE ALLEGATION?

IF YES, TO WHOM?

IF YES, WHAT?

CAN WE CONTACT YOU? **IF YES, PREFERRED METHOD/TIME?**

*I agree to the terms and conditions of using the Cyber Complaint Form
*Indicates a required field